

Exhibit A



Montana Department of Corrections

Statement of Incident

Title: A-UNIT 120 cube

Statement #: 11009

Incident Date: 04/20/2018

Incident Time: 08:40 AM

Statement Date: 04/20/2018

Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Low Side/Unit A/128 cell

Summary of Incident

on the above time and date while shaking down the 120 cube and the cells I co palmer began to search cell 128 witch housed inmates Strizich, J AO# 2138747 and Golie, A AO# 2082922. I began my search with inmate Strizich property as I search his dresser I found 3 plastic wrap wrappers in the top drawer of his dresser I confiscated it while I continued the search. As soon as I finished the search I returned to the sergeants office to inspect the wrapper. while opening one of the wrappers I found a suspicious crystal substance inside. I immediately turned it over to SGT Phillpott who took it to command post to log it in. while SGT Phillpott was in command post we received a phone call to lock up inmate Strizich. EOR

Involved Persons

No Individuals are associated with this Incident Statement

Source and Documentation

Confidential Informant: No

Information Source: Staff - Palmer, Dustin

Reporting Staff: Palmer, Dustin

Title: Correctional Officer

Signature:

Date: 4-20-18

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks:

Supervisor Name: _____ Title: _____

Signature: _____ Date: _____

Routing List (Place an X next to those this report will be distributed to):

<input type="checkbox"/> Helena Office	<input type="checkbox"/> Security Major	<input type="checkbox"/> Medical
<input type="checkbox"/> MSP Duty Officer	<input type="checkbox"/> Unit Manager	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Warden or Designee	<input type="checkbox"/> Command Post	<input type="checkbox"/> Investigator's Office
<input type="checkbox"/> Deputy Warden	<input type="checkbox"/> Inmate Records File	<input type="checkbox"/> MCE
<input type="checkbox"/> Associate Warden	<input type="checkbox"/> Inmate Unit File	<input type="checkbox"/> Safety Committee
<input type="checkbox"/> Other		

Note: This statement of Incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING**

(Information and staff signatures on this form must be legible)

MAJOR ☒ MINOR ☐

Exhibit B

Inmate Name: Strizich Jorg ID # 2138747
Last name First NameDate: 4/19/18 Time: 0900 Place of Incident: A-unitRoom/Cell: N/A 128 Housing Unit: A-unit Job Assignment: Labor Pool - 801Infraction Number(s) & Name(s) @ 4107 - Possession, introduction or use of a narcotic.Staff Witness: 1. Jeff Olhausen Other Inmates involved 1. _____
2. _____ 2. _____Description of Violation: (who, what, why, where, when and how): on the above date and time inmate strizich tested positive for THC. Sample sent to lab.REPORTING STAFF MEMBER: Jeff Olhausen Jeff Olhausen
(Print Name) (Sign Name)Supervisor Review: Sam Jovanovic _____
(Print Name) (Sign Name)Inmate Status: ☐ Pre-Hearing Confinement ☒ Release to Previous Status ☐ OtherReason: pending results from the lab

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

Jeff Olhausen 4/19/18 _____
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)**NOTICE OF HEARING/PREHEARING ACTION**

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: _____ Time: _____ hrs. Place: _____
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Present evidence and witnesses on my behalf? ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure. I also understand that by refusing to sign I am waiving my hearing, my right to witnesses and witness statements, and my right to an appeal.

(Staff Signature)

(Date & Time)

(Inmate's Signature / ID#)

Exhibit C

STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____
DISCIPLINARY INFRACTION REPORT / NOTICE OF HEARING

(Information and staff signatures on this form must be legible)

MAJOR ☒MINOR ☐Inmate Name: Strizich Jory ID # 2138747

Last name

First Name

Date: 4/20/18 Time: 0840 Place of Incident: A-unit 128Room/Cell: 128 Housing Unit: A-unit Job Assignment: 801 labor poolInfraction Number(s) & Name(s) 4107 - Possessing, introducing or using any narcotic, narcotic paraphernalia, or illegal/unauthorized drugStaff Witness: 1. G/O Palmer Other Inmates involved 1. _____
2. _____ 2. _____

Description of Violation: (who, what, why, where, when and how): On the above date and approximate time while doing cell searches on the 128 cube Officer Palmer was searching the 128 cell when he found some clear plastic with a white crystal substance in it. Also found was some clear plastic with clear tape and had some white crystals stuck to it. The substance was taken to the command post and placed into evidence bags where it was then given to Sherry Givens in investigations. End of Report

REPORTING STAFF MEMBER: Dawn Phillpott Dawn Phillpott
(Print Name) (Sign Name)Supervisor Review: _____
(Print Name) (Sign Name)Inmate Status: ☒ Pre-Hearing Confinement ☐ Release to Previous Status ☐ OtherReason: Security Threat

I have reviewed this report for legibility, completeness, correctness of charge, and to ensure all necessary information is attached (evidence, incident/witness reports, etc.)

SSC [Signature] 4/20/18 [Signature] 1/1
(Shift Supervisor's Signature) (Date) (Warden or Designee Signature) (Date)
NOTICE OF HEARING/PREHEARING ACTION

I have received a copy of this notice and have been informed of my right to attend and present evidence at a hearing.

- Hearing Date: 4/24/18 Time: Any hrs. Place: Any
- I understand the charge(s)? ☐ Yes ☐ No (if no, verbally explain the charge(s) to the inmate).
- I waive my right to a hearing? ☐ Yes ☐ No (if yes, have inmate sign an Agreement/Waiver/Refusal form)
- Be present at the hearing and present evidence and witnesses on my behalf. ☐ Yes ☐ No If inmate has witnesses, have him/her complete a Witness Request form
- Other pertinent notations: _____

I understand, if found guilty, I will be subject to imposition of the sanctions as outlined in the institutional inmate disciplinary operational procedure.

(Staff Signature)

(Date & Time)

(Inmate's Signature / ID#)

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

Attachment B

MSP 3.4.1, Institutional Discipline

Effective February 23, 2015

DEFENDANTS 003



Montana Department of Corrections

Statement of Incident

Exhibit D

Title: Testing of crystal substance Statement #: 11021
 Incident Date: 04/20/2018 Incident Time: 02:00 PM Statement Date: 04/20/2018
 Jurisdiction: Montana State Prison

Incident Scene

Incident Occurred at Facility? Yes

Location: Montana State Prison/Low Side/Unit A/UA 2/8/Testing done in the Office of Investigations.

Summary of Incident

Reference Statement #11009 written by CO Dustin Palmer.
 REF: CR18-04-059

On the above date and time, I conducted field drug tests on crystal substances found inside the dresser of Jory Strizich #2138747. Investigator Patrick Martin was witness to the testing.

ITEM #1:

Crystals inside plastic wrap. Sample test presumptive POSITIVE for METH.

ITEM #2:

Crystals attached to tape, entangled with plastic and other items. Sample test presumptive POSITIVE for METH.

The evidence will be sent to the State Crime Lab for confirmation testing.

Involved Persons

Category	Person	Narrative
Offender	Strizich, Jory - 2138747	Suspected methamphetamines found in his cell inside his dresser.

Source and Documentation

Confidential Informant: No

Information Source: Staff - Palmer, Dustin

Reporting Staff: Glovan, Sherry

Title: Crime Investigator

Signature: _____ Date: _____

Notes

No Notes are associated with this Incident Statement

NOTE: Supervisors must review all reports for accuracy before signing off

Supervisor Review and Remarks: _____

Supervisor Name: _____ Title: _____

Signature: _____ Date: _____

Routing List (Place an X next to those this report will be distributed to):

_____ Helena Office _____ Security Major _____ Medical

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.



Montana Department of Corrections

Statement of Incident

Title: Testing of crystal substance

Statement #: 11021

Incident Date: 04/20/2018

Incident Time: 02:00 PM

Statement Date: 04/20/2018

Jurisdiction: Montana State Prison

_____ MSP Duty Officer	_____ Unit Manager	_____ Maintenance
_____ Warden or Designee	_____ Command Post	_____ Investigator's Office
_____ Deputy Warden	_____ Inmate Records File	_____ MCE
_____ Associate Warden	_____ Inmate Unit File	_____ Safety Committee
_____ Other		

Note: This statement of incident may be the only statement of the described incident, or it may be one of several. All statements of this incident will be collected and combined into a single incident report.

Printed: 04/20/2018 @ 03:08 PM

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Original - 09/14/2016

DEFENDANTS 005

Exhibit E

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STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP ☒ MWP ☐ CONTRACT FACILITY: _____

DISCIPLINARY HEARING DECISION

Inmate's Name: Strizich, Tony MAJOR ☒ MINOR ☐ ID # 2138747 Date: 4.24.18Infraction Number(s) & Name(s) 4107 - Poss. of Narcotics☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN

Continuance granted to Date: ____ / ____ / ____ By: _____

Reason: _____

Plea: ☐ Guilty ☒ Not Guilty ☐ Other: _____Inmate's Statement: See attached statement. I haven't seen any photos. Officer Palmer admitted that some of the items got mixed up.Evidence Provided: infraction report, incident reportsFindings: ☒ Guilty of # 4107 ☐ Not Guilty of # _____Evidence Relied On: infraction report, incident reportsFor Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: 1
(Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).Sanction(s): 30 days detention, see 4 days
END 5.20.18.Rept to investigationsReason(s) for findings: A crystal substance was found in offender's dresser that tested positive for meth.ADMINISTRATIVE REVIEW / DATE: Thomas Wilson 4.25.18 DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM: E. Slaughter 4.24.18

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.

☒ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).☐ I DO NOT WISH TO APPEALInmate's Signature / ID#: [Signature]

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)

*** Re-hear *****Exhibit F**STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☒ MWP ☐ CONTRACT FACILITY: _____**DISCIPLINARY HEARING DECISION**

Inmate's Name: Strizich, Jory MAJOR ☒ MINOR ☐ ID # 2138747 Date: 12/7/18
 Infraction Number(s) & Name(s): 4107- Poss. of Narcotics
☒ I DO UNDERSTAND THE VIOLATION ☐ I DO NOT UNDERSTAND THE VIOLATION - ADDITIONAL ACTION TAKEN
 Continuance granted to Date: ____ / ____ / ____ By: ____
 Reason: ____
 Plea: ☐ Guilty ☒ Not Guilty ☐ Other: ____
 Inmate's Statement: _____

Evidence Provided: Chemical analysis report

Findings: ☐ Guilty of # _____ ☒ Not Guilty of # 4107
 Evidence Relied On: Chemical report

For Sanction Purposes: [Circle the number of prior Major/Minor Infraction Reports: 1 2 3 4 5] Grid Level to Use: ____
 (Circle number of prior guilty decisions within the timeframe [not each rule violation]. Find grid level to use by adding current & prior guilty decisions).

Sanction(s): DismissReason(s) for findings: Substance was tested and found to be negative.

Thomas Wilson 12.10.18
 ADMINISTRATIVE REVIEW / DATE

J. Wirth
 DISCIPLINARY HEARINGS OFFICER / UNIT DISCIPLINARY TEAM

I understand, that I may appeal the decision of the Disciplinary Hearings Officer to the Warden. In order to file an appeal, I must submit a completed appeal form to the Disciplinary Hearings Officer within 15 days from today.
☐ I DO WISH TO APPEAL (Major decisions only) because (1) there is insufficient evidence and documentation to support the finding; (2) applicable disciplinary procedures were not followed; (3) the sanction(s) imposed are not proportionate to the rule violation(s).
☐ I DO NOT WISH TO APPEAL

Inmate's Signature / ID#: [Signature] 2138747

Copies to: Records (White) Parole Board-Majors only (Yellow) Housing Unit (Pink) Inmate (Goldenrod)